

WORKSHEET FOR LEVEL OF CARE
 (Private Pay Census only, no Medicaid or Medicare)

Provider Name : _____

Provider #: _____

<u>LEVEL</u>	<u>PRIVATE ROOM RATE</u>		<u>PRIVATE PAY RESIDENTS</u>		<u>AMOUNT</u>
1	_____	X	_____	=	
2	_____	X	_____	=	
3	_____	X	_____	=	
4	_____	X	_____	=	
5	_____	X	_____	=	_____

<u>LEVEL</u>	<u>SEMI-PRIVATE ROOM RATE</u>		<u>PRIVATE PAY RESIDENTS</u>		<u>AMOUNT</u>
1	_____	X	_____	=	
2	_____	X	_____	=	
3	_____	X	_____	=	
4	_____	X	_____	=	
5	_____	X	_____	=	_____

Total: _____ \$

Base Weighted Average Private Pay : \$
 (Amount ÷ Residents)

Plus Average Routine Charges
 (\$ _____ ÷ _____) + _____
 (Please note what time period was used)

If applicable, these charges need to consist with what's listed in K.A.R. 30-10-15.

Total Weighted Average Private Pay \$

Rate Effective Date: _____

Do you have a discount policy? Yes ___ No ___

If Yes, when did it begin?

(If there is a discount policy, you need to report what is received from the residents, not what is charged.)

Preparer _____

Phone Number _____

Failure to submit the documentation may delay the effective date of the average private pay rate in the registry until the complete documentation is received.